


TRANSMITTAL LETTER TO THE  
UNITED STATES RECEIVING OFFICE

Date	04-Jun-04
International Application No.	
Attorney Docket No.	H0005045-4015

Certification under 37 CFR 1.10 (if applicable)	
ER218496603US	04-Jun-04
Express Mail Mailing number	Date of Deposit
I hereby certify that the application/correspondence attached hereto is being deposited with the United States Postal "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.	
	Olinger, Amy
Signature of person mailing correspondence	Typed or printed name of person mailing correspondence

II. ☒ New International Application

TITLE	THERMAL INTERCONNECT SYSTEMS METHODS OF PRODUCTION AND USES THEREOF
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Earliest priority date (Day/Month/Year)
--

08-Jun-03

SCREENING DISCLOSURE INFORMATION: In order to assist in screening the accompanying international application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied. (Note: check as many boxes as apply):

- A. ☐ The invention disclosed was not made in the United States.
- B. ☐ There is no prior U.S. application relating to this invention.
- C. ☒ The following prior U.S. application(s) contain subject matter which is related to the invention disclosed in the attached international application. *NOTE: priority to these applications may or may not be claimed on form PCT/RO/101 (Request) and this listing does not constitute a claim for priority).*

application no.	60/476,768	filed on	06-Jun-03
application no.		filed on	

- D. ☒ The present international application ☒ is identical to ☐ contains less subject matter than that found in the prior U.S. application(s) identified in paragraph 3 above.
- E. ☐ The present international application ☐ contains additional subject matter not found in the prior U.S. application(s) identified in paragraph C above. The additional subject matter is found on pages  and DOES NOT ALTER ☐ MIGHT BE CONSIDERED TO ALTER ☐ the general nature of the invention in manner which would require the U.S. application to have been made available for inspection by the appropriate defense agencies under 35 U.S.C. 181 and 37 CFR 5.1 See 37 CFR 5.15.

III. ☐

- A. ☐
- B. ☐ A Power of Attorney (General or Regular)
- C. ☐ Replacement Pages

pages		of the request (PCT/RO/101)	pages		of the figures
pages		of the description	pages		of the abstract
pages		of the claims			

- D. ☐ Submission of Priority Documents
- |                   |  |                   |  |
|-------------------|--|-------------------|--|
| Priority Document |  | Priority Document |  |
|-------------------|--|-------------------|--|
- E. ☐ Fees as specified on attached Fee Calculation sheet from PCT/RO/101 annex

IV. ☐ A Request for Rectification under PCT Rule 91 ☐ A Petition ☐ A Sequence Listing DisketteV. ☐ Other (please identify):

The person  
signing this  
form is the:

- ☐ Applicant
- ☒ Attorney/Agent (Reg. No.)  
44,611
- ☐ Common Representative

Deborah Chess, Attorney

Typed Name of Signer



Signature

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# PCT REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) H0005045-4015

**Box No. I TITLE OF INVENTION**  
**THERMAL INTERCONNECT SYSTEMS METHODS OF PRODUCTION AND USES THEREOF**

**Box No. II APPLICANT**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State or residence is indicated below.)

**HONEYWELL INTERNATIONAL INC.**  
**101 Columbia Road**  
**P. O. Box 2245**  
**Morristown, New Jersey 07960**

☐ This person is also inventor.

Telephone No.  
**(973) 455-4259**

Facsimile No.  
**(973) 455-2288**

Teleprinter No.

State (that is, country) of nationality:  
**United States of America**

State (that is, country) of residence:  
**United States of America**

This person is applicant  
for the purposes of:



all designated  
States



all designated States except  
the United States of America



the United States  
of America only



the States indicated in  
the Supplemental Box

**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State or residence is indicated below.)

**Dean, Nancy**  
**1827 S. Liberty Drive**  
**Liberty Lake, WA 99019**  
**United States of America**

This person is

☐ applicant only

☒ applicant and inventor

☐ inventor only (if this check-box  
is marked, do not fill in below.)

State (that is, country) of nationality:  
**United States of America**

State (that is, country) of residence:  
**United States of America**

This person is applicant  
for the purposes of:



all designated  
States



all designated States except  
the United States of America



the United States  
of America only



the States indicated in  
the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet

**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:



agent



common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

**David Holrls, Esq.**  
**HONEYWELL INTERNATIONAL INC.**  
**101 Columbia Road**  
**P. O. Box 2245**  
**Morristown, New Jersey 07960**  
**United States of America**

Telephone No.  
**(973) 455-4259**

Facsimile No.  
**(973) 455-2288**

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

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Continuation of Box No. III <b>FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(</b>	
If none of the following sub-boxes is used, this sheet should not be included in the request.	
<b>Name and address:</b> (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this box is the applicant's State (that is, country) or residence if no State or residence is indicated below.)  <b>Fery Mark</b> <b>E. 023 Elde Drive</b> <b>Spokane WA 99216</b> <b>United States of America</b>	<b>This person is</b>  <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: <b>United States of America</b>	State (that is, country) of residence: <b>United States of America</b>
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Name and address:</b> (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this box is the applicant's State (that is, country) or residence if no State or residence is indicated below.)	<b>This person is</b>  <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Name and address:</b> (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this box is the applicant's State (that is, country) or residence if no State or residence is indicated below.)	<b>This person is</b>  <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Name and address:</b> (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this box is the applicant's State (that is, country) or residence if no State or residence is indicated below.)	<b>This person is</b>  <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

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**Supplemental Box**

*If the Supplemental Box is not used, this sheet need not be included in the request.*

**Use this box in the following cases:**

1. If, in any of the Boxes, the space is insufficient to furnish all the information:

in particular:

(i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available:

(ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked:

(iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America:

(iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents:

(v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "Continuation" or "Continuation-in-part":

(vi) if there are more than three earlier applications whose priority is claimed:

2. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty:

in such case, write "Continuation of Box No. ..." [indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient;

In such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below;

in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;

In such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;

in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;

in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of parent title or parent application and the date of grant of the parent title or filing of the parent application;

In such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.

In such case, write "Statement Concerning Non-Prejudicial Disclosures or Exceptions to Lack of Novelty" and furnish that statement below.

**Continuation of Box No. IV  
Additional Agents:**

Abeyta, Andrew	Miologos, Anthony
Ansems, Gregory	Paiguta, Larry
Chess, Deborah	Starr, Ephraim
Desmond, Robert	Szigeti, Virginia
Fredrick, Kris	Szuch, Colleen
Jackson, Miriam	Yeadon, Loria
Jacobson, Scott	Zak, William
Kirschner, Steve	
Milliken, Margaret	

c/o Patent Services  
101 Columbia Road  
P. O. Box 2245  
Morristown, New Jersey 07962-2245  
United States of America

## Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are made under Rule 4.9(a)

## Regional Patent

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, CH + LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PC
- ☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates                 | <input checked="" type="checkbox"/> GM Gambia                                    | <input checked="" type="checkbox"/> NZ New Zealand                 |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda                  | <input checked="" type="checkbox"/> HR Croatia                                   | <input checked="" type="checkbox"/> OM Oman                        |
| <input checked="" type="checkbox"/> AL Albania                              | <input checked="" type="checkbox"/> HU Hungary                                   | <input checked="" type="checkbox"/> PH Philippines                 |
| <input checked="" type="checkbox"/> AM Armenia                              | <input checked="" type="checkbox"/> ID Indonesia                                 | <input checked="" type="checkbox"/> PL Poland                      |
| <input checked="" type="checkbox"/> AT Austria                              | <input checked="" type="checkbox"/> IL Israel                                    | <input checked="" type="checkbox"/> PT Portugal                    |
| <input checked="" type="checkbox"/> AU Australia                            | <input checked="" type="checkbox"/> IN India                                     | <input checked="" type="checkbox"/> RO Romania                     |
| <input checked="" type="checkbox"/> AZ Azerbaijan                           | <input checked="" type="checkbox"/> IS Iceland                                   | <input checked="" type="checkbox"/> RU Russian Federation          |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina               | <input checked="" type="checkbox"/> JP Japan                                     |  |
| <input checked="" type="checkbox"/> BB Barbados                             | <input checked="" type="checkbox"/> KE Kenya                                     | <input checked="" type="checkbox"/> SD Sudan                       |
| <input checked="" type="checkbox"/> BG Bulgaria                             | <input checked="" type="checkbox"/> KG Kyrgyzstan                                | <input checked="" type="checkbox"/> SE Sweden                      |
| <input checked="" type="checkbox"/> BR Brazil                               | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea     | <input checked="" type="checkbox"/> SG Singapore                   |
| <input checked="" type="checkbox"/> BY Belarus                              | <input checked="" type="checkbox"/> KR Republic of Korea                         | <input checked="" type="checkbox"/> SI Slovenia                    |
| <input checked="" type="checkbox"/> BZ Belize                               | <input checked="" type="checkbox"/> KZ Kazakhstan                                | <input checked="" type="checkbox"/> SK Slovakia                    |
| <input checked="" type="checkbox"/> CA Canada                               | <input checked="" type="checkbox"/> LC Saint Lucia                               | <input checked="" type="checkbox"/> SL Sierra Leone                |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LK Sri Lanka                                 | <input checked="" type="checkbox"/> TJ Tajikistan                  |
| <input checked="" type="checkbox"/> CN China                                | <input checked="" type="checkbox"/> LR Liberia                                   | <input checked="" type="checkbox"/> TM Turkmenistan                |
| <input checked="" type="checkbox"/> CO Colombia                             | <input checked="" type="checkbox"/> LS Lesotho                                   | <input checked="" type="checkbox"/> TN Tunisia                     |
| <input checked="" type="checkbox"/> CR Costa Rica                           | <input checked="" type="checkbox"/> LT Lithuania                                 | <input checked="" type="checkbox"/> TR Turkey                      |
| <input checked="" type="checkbox"/> CU Cuba                                 | <input checked="" type="checkbox"/> LU Luxembourg                                | <input checked="" type="checkbox"/> TT Trinidad and Tobago         |
| <input checked="" type="checkbox"/> CZ Czech Republic                       | <input checked="" type="checkbox"/> LV Latvia                                    |  |
| <input checked="" type="checkbox"/> DE Germany                              | <input checked="" type="checkbox"/> MA Morocco                                   | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DK Denmark                              | <input checked="" type="checkbox"/> MD Republic of Moldova                       | <input checked="" type="checkbox"/> UA Ukraine                     |
| <input checked="" type="checkbox"/> DM Dominica                             | <input checked="" type="checkbox"/> MG Madagascar                                | <input checked="" type="checkbox"/> UG Uganda                      |
| <input checked="" type="checkbox"/> DZ Algeria                              | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> US United States of America    |
| <input checked="" type="checkbox"/> EE Ecuador                              | <input checked="" type="checkbox"/> MN Mongolia                                  |  |
| <input checked="" type="checkbox"/> EE Estonia                              | <input checked="" type="checkbox"/> MW Malawi                                    | <input checked="" type="checkbox"/> UZ Uzbekistan                  |
| <input checked="" type="checkbox"/> ES Spain                                | <input checked="" type="checkbox"/> MX Mexico                                    | <input checked="" type="checkbox"/> VN Viet Nam                    |
| <input checked="" type="checkbox"/> FI Finland                              | <input checked="" type="checkbox"/> MZ Mozambique                                | <input checked="" type="checkbox"/> YU Yugoslavia                  |
| <input checked="" type="checkbox"/> GB United Kingdom                       | <input checked="" type="checkbox"/> NO Norway                                    | <input checked="" type="checkbox"/> ZA South Africa                |
| <input checked="" type="checkbox"/> GD Grenada                              |  | <input checked="" type="checkbox"/> ZM Zambia                      |
| <input checked="" type="checkbox"/> GE Georgia                              |  | <input checked="" type="checkbox"/> ZW Zimbabwe                    |
| <input checked="" type="checkbox"/> GH Ghana                                |  |  |

Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIMS <span style="float: right;"><input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.</span>				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional office	international application: receiving Office
item (1) 08-Jun-03 (06.06.2003)	60/476,768	US		
item (2)				
item (3)				
<input checked="" type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): <span style="float: right;">(1)</span>				
Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): <b>ISA / EP</b>		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year)      Number      Country (or regional Office)		
Box No. VIII CHECK LIST: LANGUAGE OF FILING				
This international application contains the following number of sheets:  request : 5 description (excluding sequence listing part) : 16 claims : 3 abstract : 1 drawings : 0 sequence listing part of description : 0 Total Number of sheets: 25		This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable 9. <input type="checkbox"/> other (specify):		
Figure of the drawings which should accompany the abstract: 0		Language of filing of the international application: <b>English</b>		
Box No. IX SIGNATURE OF APPLICANT OR AGENT				
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious)				
<b>HONEYWELL INTERNATIONAL INC.</b>  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">               Deborah Chess           </div> <div style="text-align: center;">               A.O.           </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           For receiving Office use only         </div> <div style="width: 35%;">           2. Drawings:   <input type="checkbox"/> received:   <input type="checkbox"/> not received:         </div> </div>				
1. Date of actual receipt of the purported international application		3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		5. International Searching Authority <b>ISA /</b>		
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.		7. Date of receipt of the record copy by the International Bureau:		

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X

This sheet is not part of and does not count as a sheet of the international application.

PC

For Receiving Office use only

# FEE CALCULATION SHEET Annex to the Request

International application No.

Applicant's or agent's  
file reference

H0005046-4016

Date stamp of the receiving Office

Applicant

HONEYWELL INTERNATIONAL INC.

## CALCULATION OF PRESCRIBED FEES

### 1. TRANSMITTAL FEE

\$300.00

T

### 2. SEARCH FEE

\$1,818.00

S

International search to be carried out by EP  
(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

### 3. INTERNATIONAL FEE

#### Basic Fee

The international application contains 25 sheets.first 30 sheets \$1,035.00 b1

0 x \$12.00 = \$0.00 b2  
remaining sheets additional amount

Add amounts entered at b1 and b2 and enter total at B \$1,035.00 B

#### Designation Fees

The international application contains 5 designations.

5 x \$104.00 = \$520.00 D  
number of designation fee payable (maximum 5) amount of designation fee

Add amounts entered at B and D and enter total at I \$1,555.00 I  
(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

### 4. FEE FOR PRIORITY DOCUMENT (if applicable)

\$20.00

P

### 5. TOTAL FEES PAYABLE

\$3,693.00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

## MODE OF PAYMENT

☒ authorization to charge  
deposit account (see below)

☐ bank draft

☐ coupons

☐ cheque

☐ cash

☐ other (specify):

☐ postal money order

☐ revenue stamps

## DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ US ☒ is hereby authorized to charge the total fees indicated above to my deposit account.
☒ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

☒ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

01-1125

04-Jun-04

Date (day/month/year)

Signature

Deborah Chies

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